

Exhibit A

CLASSIFICATION OF CHRONIC PAIN

DESCRIPTIONS OF CHRONIC PAIN SYNDROMES

AND DEFINITIONS OF PAIN TERMS

Second Edition

prepared by the
Task Force on Taxonomy
of the
International Association for the Study of Pain

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Signs

Bony enlargements of the distal interphalangeal joints are called Heberden's nodes, and those of the proximal interphalangeal joints are called Bouchard's nodes. The fingers may be stiff and lose some degree of full flexion. Grip strength is usually normal when measured.

Radiologic Finding

Narrowing of joint spaces, sclerosis, and bony osteophytosis.

Relief

Analgesics, soaking in hot fluids.

Code

238.X6b

Cubital Tunnel Syndrome (XI-15)**Definition**

Entrapment of the ulnar nerve in a fibro-osseous tunnel formed by a groove (trochlear groove) between the olecranon process and medial epicondyle of the humerus. The groove is converted to a tunnel by a myofascial covering, and the etiology of the entrapment is multiple.

Site

Elbow, forearm, and fingers (fourth and fifth).

System

Peripheral nervous system (ulnar nerve).

Main Features

Gradual onset of pain, numbness, and paresthesias in the distribution of the ulnar nerve, sometimes followed by weakness and atrophy in the same distribution; often seen in conjunction with a carpal tunnel syndrome ("double crush phenomenon").

Signs and Laboratory Findings

Tinel's sign at the elbow. The ulnar nerve is frequently thickened and adherent. On electrodiagnostic testing there is slowing of conduction in the ulnar nerve across the elbow, accompanied by denervation of those intrinsic muscles of the hand innervated by the ulnar nerve.

Course

The course may be stable or slowly progressive; if the latter, surgery is necessary, either decompression or transposition of the nerve.

Summary of Essential Features and Diagnostic Criteria

A gradual onset of pain, paresthesias, and, at times, motor findings in the distribution of the ulnar nerve. Tinel's sign is found. The diagnosis is confirmed by slowing of conduction across the elbow and often by denervation of

those intrinsic muscles of the hand innervated by the ulnar nerve.

Differential Diagnosis

Thoracic outlet syndrome, carpal tunnel syndrome.

Code

202.X6c

Carpal Tunnel Syndrome (XI-16)**Definition**

Stinging, burning, or aching pain in the hand, often nocturnal, due to entrapment of the median nerve in the carpal tunnel.

Site

One hand (sometimes bilateral), in the fingers, often including the fifth digit, often spreading into the forearm and occasionally higher; not usually well localized.

System

Peripheral nervous system.

Main Features

Prevalence: very common. *Age of Onset:* usually fourth to fifth decades. *Sex Ratio:* female to male 5:1. *Quality:* pins and needles, stinging, often aching, occasionally burning. *Time pattern:* usually nocturnal, typically awakening the patient several times and then subsiding in a few minutes; aching pain is often more constant. *Intensity:* may be severe briefly.

Associated Symptom

Aggravated by handwork such as knitting.

Signs and Laboratory Findings

Clinical examination often normal, but one may find decreased pin-prick sensation on the tips of digits I-III, a positive Tinel's or Phalen's sign, or rarely, weakness and/or atrophy of the thenar muscles (*abductor pollicis brevis*); nerve conduction studies showing delayed sensory and motor conduction across the carpal tunnel are diagnostic.

Usual Course

Very slow progression for years.

Social and Physical Disability

May impair ability to do handwork.

Pathology

Compression of median nerve in wrist between the carpal bones and the transverse carpal ligament (*flexor retinaculum*); focal demyelination of nerve fibers, axonal shrinkage and axonal degeneration.